

Case Number:	CM15-0127760		
Date Assigned:	07/14/2015	Date of Injury:	06/29/2012
Decision Date:	08/19/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39 year old female, who sustained an industrial injury on 6/29/12. The injured worker has complaints of right shoulder pain at 5/10 that radiated from the right shoulder to the neck which is associated with tightness in the neck and shoulder region on 5/26/15. The documentation noted that there is tingling and numbness as well as heavy feeling in the right scapular region. The documentation noted that there is spasms noted in the cervical paraspinal and right shoulder region musculature and tenderness noted in the right acromioclavicular joint and glenohumeral joint. The diagnoses have included neck pain; right shoulder pain and right shoulder adhesive capsulitis. Physical examination of the right shoulder revealed tenderness on palpation, muscle spasm, 4/5 strength and limited range of motion. Treatment to date has included trigger point injections; physical therapy; voltaren gel helps for throbbing and stabbing type pain and nortripyline helps for pain but makes her drowsy; norco and magnetic resonance imaging (MRI) of the cervical spine on 9/9/13 showed stable 2 millimeter disc protrusion at C5 6. The request was for magnetic resonance imaging (MRI) of the right shoulder. The medication list include Norco and Nortriptyline and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 08/06/15) Magnetic resonance imaging (MRI).

Decision rationale: Request MRI of the right shoulder, according to ACOEM guidelines cited below, "for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out." Criteria for ordering imaging studies are: Emergence of a red flag; e.g., indications of intra abdominal or cardiac problems presenting as shoulder problems; "Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." The injured worker has complaints of right shoulder pain at 5/10 that radiated from the right shoulder to the neck which is associated with tightness in the neck and shoulder region on 5/26/15. The documentation noted that there is tingling and numbness as well as heavy feeling in the right scapular region. The documentation noted that there is spasms noted in the cervical paraspinal and right shoulder region musculature and tenderness noted in the right acromioclavicular joint and glenohumeral joint. The diagnoses have included neck pain; right shoulder pain and right shoulder adhesive capsulitis. Physical examination of the right shoulder revealed tenderness on palpation, muscle spasm, 4/5 strength and limited range of motion. Therefore the patient had significant objective findings and the MRI of the right shoulder would help in further management. The request for MRI of the right shoulder is medically necessary in this patient at this time.